

**Office of Student Development**

**College of the Canyons**

**CLUBS & ORGANIZATIONS PROGRAM EVALUATION FORM**

**PROGRAM NAME:** \_\_\_\_\_

**PROGRAM DATE(S):** \_\_\_\_\_

**PERSON(S) IN CHARGE:** \_\_\_\_\_

**1. What was the goal of the program?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Were the goals of the program met? Explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3. Logistical Details:**

**Number of people involved in planning program:** \_\_\_\_\_

**Attendance:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time of day:** \_\_\_\_\_ **Day(s) of week:** \_\_\_\_\_

**4. Budget – What was cost and did expenses meet anticipated budget:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Publicity – What worked? Where was it distributed?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Were there any problems or any part of the program that did not work?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7. Overall success and quality:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signatures: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Club President/Date

Club Advisor/Date

ICC

Advisor/Date